

**Township of Riverside**  
**Office of the Registrar**  
**P.O. Box 188**  
**Riverside, NJ 08075**  
**(856) 461 – 9080**

Dear Sir / Madam,

Enclosed is the application to obtain a certified copy of a vital record for events that occurred in Riverside Township, Burlington County, New Jersey. Please fill out the form and return it with the appropriate fee. The fee for certified copies is **\$25.00** for the first copy and **\$10.00** for each additional copy. **Money orders are the only acceptable form of payment if application is done by mail.**

Please enclose a copy of your **current** photo drivers' license or other appropriate identification that is acceptable by the State of New Jersey. A list of acceptable identification is enclosed.

**If the proper identification is not enclosed, the application will not be processed and will be returned.**

**Certified Copies of Certificates or other legal documentation must be provided to establish lineage if applicable.**

**Married females requesting Certified Copies of their Birth Certificate must provide a Certified Copy of their Marriage Certificate to show name change.**

**A self addressed stamped envelope must also be enclosed for return mailing.**

The application should be sent to the address that is listed above.

Should you have any questions, please contact the Registrar's Office. Thank you.

Sincerely,

Susan M. Dydek, RMC  
Municipal Registrar

Enclosures

**APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD - TOWNSHIP OF RIVERSIDE**

**Request for Birth Certificate (Please Print)**

Full name of Child at Time of Birth: \_\_\_\_\_

Exact Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth (Municipality, County): \_\_\_\_\_

Child's Mother's Full Maiden Name: \_\_\_\_\_

Child's Father's Name if on record: \_\_\_\_\_

**Request for Copy of a Marriage Certificate, Civil Union Certificate or Domestic Partnership Certificate: (Please Print)**

Exact Date of Event: \_\_\_\_\_

Full Name of Husband / Partner: \_\_\_\_\_

Full Maiden Name of Wife /Partner: \_\_\_\_\_

Place of Event (Municipality, County): \_\_\_\_\_

**Request for Copy of a Death Certificate: (Please Print)**

Full Name of Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Exact Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Deceased Individual's Father: \_\_\_\_\_

Maiden Name of Deceased Individual's Mother \_\_\_\_\_

Place of Event (Municipality, County) \_\_\_\_\_

.....  
Number of Certificates requested: \_\_\_\_\_

Purpose:  Passport  Driver License  School/Sports  Social Security Card  Social Security Disability  Other Soc. Sec Benefits   
 Veterans Benefits  Medicare  Welfare  Genealogy  Other (specify) \_\_\_\_\_

Your Name, Address & Phone #: \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_

Relationship to the Above: \_\_\_\_\_

Signature: \_\_\_\_\_

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(Office use only)

I.D. (If drivers license indicate # and state where issued) \_\_\_\_\_  
(If passport indicate country where issued and #) \_\_\_\_\_

**ACCEPTABLE IDENTIFICATION FOR CERTIFIED COPIES OF VITAL RECORDS.**

Must provide **current valid** photo driver's license with address or **current valid** photo non-driver's license with address issued by Motor Vehicle Agency **OR**

A **current valid** driver's license without photo and one alternate form of ID with current address **OR**

Two (2) alternate forms of ID, one of which must have Current address.

**ALTERNATE FORMS OF ID ARE:**

Vehicle registration, Vehicle Insurance Card, Voter registration, US/Foreign Passport, Immigration Visa, Permanent Resident Card (Green card), Federal/State ID, County ID, School ID, Bank Statement (within previous 90 days), Utility bill (Within previous 90 days), Tax Return or W-2 for Current/previous year.

**EXECUTIVE ORDER #18 REQUIRES THAT ALL REGISTRARS ESTABLISH THE IDENTITY OF THE REQUESTOR AND THEIR RELATIONSHIP TO THE INDIVIDUAL LISTED ON THE VITAL RECORD REQUESTED.**

**IDENTIFICATION PRESENTED MUST BE VALID AND UNEXPIRED; IF UTILITY BILLS ARE PRESENTED AS IDENTIFICATION, THEY MUST BE ISSUED WITHIN THE PAST THREE MONTHS.**

**ALL APPLICANTS MUST ESTABLISH THEIR RELATIONSHIP TO THE INDIVIDUAL(S) LISTED ON THE VITAL RECORD THEY ARE REQUESTING.**

**MARRIED FEMALES REQUESTING CERTIFIED COPIES OF THEIR BIRTH CERTIFICATE MUST PROVIDE A COPY OF THEIR MARRIAGE CERTIFICATE SO THAT THEY CAN ESTABLISH LINEAGE.**

**SIBLINGS REQUESTING CERTIFIED COPIES OF A PARENT OR SIBLINGS BIRTH, MARRIAGE OR DEATH CERTIFICATE MUST PROVIDE A COPY OF THEIR BIRTH CERTIFICATE TO ESTABLISH LINEAGE.**

**MARRIED FEMALES REQUESTING CERTIFIED COPIES OF A PARENTS OR SIBLINGS BIRTH, MARRIAGE OR DEATH CERTIFICATES MUST PROVIDE A COPY OF THEIR MARRIAGE CERTIFICATE, IN ADDITION TO THEIR BIRTH CERTIFICATE TO ESTABLISH LINEAGE.**

Fees Charged: The following fees are charged per request:

Certified Copies of Birth Issued @\$25.00 First Copy, \$10.00 for each additional

Certified Copies of Birth Resulting from Stillbirth @\$25.00 for First Copy, \$10.00 for each additional

Certified Copies of Death Issued @\$25.00 for First Copy, \$10.00 for each additional

Certified Copies of Marriage Issued @\$25.00 for First Copy, \$10.00 for each additional

Certified Copies of Civil Union Issued @\$25.00 for First Copy, \$10.00 for each additional

Certified Copies of Domestic Partnership @ \$25.00 for the First Copy, \$10.00 for each additional

**PAYMENT ACCEPTED IN THE FORM OF CASH OR MONEY ORDER ONLY. IF  
PAYMENT IS BY MAIL, ONLY MONEY ORDERS WILL BE ACCEPTED. MAKE  
PAYABLE TO THE TOWNSHIP OF RIVERSIDE. PLEASE DO NOT SEND CASH.**

Please fill out the appropriate information and return with a self addressed stamped envelope to:

Township of Riverside  
Registrar of Vital Statistics  
PO Box 188  
Riverside, NJ 08075

Please include copies of the appropriate identification and the specified fee

\*\*\*\*\*IF A SELF ADDRESSED STAMPED ENVELOPE IS NOT RETURNED, THE CERTIFICATE WILL NOT BE MAILED\*\*\*\*\*

Make money orders payable to "Township of Riverside".

Thank you.